

# CALIFORNIA'S HEALTH

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## HEALTH EDUCATION IN A COMBINED URBAN AND RURAL AREA\*

IRA O. CHURCH, M.D., Health Officer, Santa Barbara County

For many years we have had the theory that health education was important in the accomplishment of all results to be desired in health departments. It was universally agreed that health education must be used in all school visits, communicable disease visits, and even in sanitary inspections. The idea is not new, but some of the present methods of health education are newer and capable of notable results.

The committee on professional education of the American Public Health Association furnished the basis for clearer thinking on this subject in its report on educational qualifications of health educators. This was published in the August, 1943, *Journal of the A. P. H. A.* This report presented:

1. The general scope of health education.
2. The functions of health educators.
3. The necessity for broad educational background.
4. Subjects to be included in training.
5. Personal qualifications desired in candidates for this field.
6. Length of training required.
7. Places of training.

Under this last heading the committee recommended schools of public health and stated that field training is desirable. The above, it seems, is a very complete statement of the essentials to be considered in relation to health education. However, in the minds of many there are still the questions—"What is a health educator?" and—"What do you do with them?"

A very good general presentation of the subject is that by Mayhew Derryberry in his article "Health Education in the Public Health Program," which was

presented to the conference of State and Territorial Health Officers in Washington, D. C. in April, 1945. This was reprinted in *Public Health Reports*, November 23, 1945. In that article Derryberry made the statement that the W. K. Kellogg Foundation made one of the first grants to assist in the training of health educators. It happens that I was one of the seven county health officers working in cooperation with the Kellogg Foundation at the time this movement was getting under way, and have therefore had the experience of the discussion there and assisting in the development of the training programs. I was one of the first health officers to employ a new trainee and to provide a training area for students in health education. I had the privilege also of attending a workshop in Chicago in October, 1943, at which time Derryberry had called together representatives of state departments of health and state departments of education from some dozen of the midwestern states. This was done for a more complete delineation of the functions of health education and the matters of assignment of workers and some detail of program.

Out of all this has come the general understanding of the objectives of health education. Briefly they have to do with the developing of methods for dissemination of health data, the securing of interests of schools, communities, agencies, of groups and individuals, and working out a coordinated plan of community health service.

In my experience it has been convenient to think of the program in terms of three principal areas of work. These are intradepartmental, community, and school.

\* Presented at the San Diego meeting of the Health Officers Department of the League of California Cities.

#### WORKING IN THE DEPARTMENT

In my department the health educator began her work with the personnel of the department itself. She worked with the health officer and with all members of the staff. She first compiled basic county and health department information into a visible file. This was found to be very useful to the staff, to students in training, and to visitors wishing a brief summary of data on the department's work. She then developed a file of data on organized agencies and key individuals in the community. She served as librarian for the department. In this capacity her work included:

1. Securing of new materials (pamphlets, books, films, etc.) for staff review.
2. Keeping schedules of the use of films and projection equipment.
3. Keeping indices of materials (including forms) used in the department.
4. Keeping up-to-date bibliographies and book lists available at county libraries.
5. Operating a speakers' bureau.

She served as consultant with staff members on work with groups, with schools, and with any individual who was interested in a specific project. In this capacity assistance was rendered in:

1. Methods of developing projects.
2. Program planning.
3. Development of study kits.
4. Preparation of materials for use by staff members.

#### WORKING IN THE COMMUNITY

In the community as a whole the health educator worked to establish relationships with organized groups and to stimulate interest of individuals. These groups were the usual ones found in a rural community and in small urban areas such as farm bureaus, granges, women's clubs, Campfire Girls, Parent-Teacher associations, Red Cross, Four-H Clubs, the county nutrition committee and others. These organizations made use of demonstrations worked out by the health educator. These included a demonstration on food handling and nutrition. All the equipment for a complete demonstration in food handling and dish washing was provided and their use was demonstrated by members of the staff of the health department and Four-H Club girls, who dramatized the story. Similar demonstrations were developed on the subject of farm and home safety, on the control of undulant fever, and on the subject of cancer. This work resulted in the appointment of a health committee by the Farm Bureau, and that committee later used the demonstrations on a county-wide basis. The health council of the city Parent-Teacher

associations developed a study-action program. The Cancer Education Committee of the Women's Clubs of the city and county conducted an educational program in all areas of the county. The health educator assisted with displays and study materials. Several new child study groups were organized. Assistance was given in organization, in the provision of speakers and study kits of appropriate materials. One group of 36 individuals from all organizations developed an adult education class in techniques of group leadership and group discussion.

#### WORKING IN THE SCHOOLS

In the schools the health educator gave talks to groups of teachers and gave individual help to any teacher who wished to develop a health project in her classroom. Study materials and visual education equipment were provided. Loan packets of health information and study material for teachers and pupils were made available. These packets included information on eight accepted public health topics. Much use was made of the county libraries. The book lists and bibliographies of health materials previously mentioned were kept in the forefront of the work with the schools. The health educator edited a regular section of the monthly bulletin for schools published by the county department of education. A manual of procedures was developed for the guidance of teachers and health department personnel in the cooperative health program in the schools.

In a community consisting of rural areas and small urban areas the services are the same in or out of the incorporated area. In our experience the city groups have sometimes been slower to take advantage of the types of health projects and health teachings we would most wish to stimulate. However, this has not always been true. Classes in two high schools have been developed which are known as "Community Health Service" classes, in which the health educator assisted with plans and materials and in which lectures and demonstrations were given by the health educator, the nurse, the sanitarian, and the health officer. One city school system was interested in planning and preparing health information leaflets for enclosure with report cards. It seems that city schools may be more tightly organized with existing programs, but if the administrator of the school and the teaching staff develop an interest in health teaching, there is also the possibility of even greater accomplishment than may be true in the country school.

#### SUMMARY

In summary then I should like to have you think of the health educator in the health department as a worker with special qualifications and special training,

prepared to do a piece of work different in character than that of nurses, sanitarians, or other members of the staff. The health educator assists all staff members in special projects. She develops a program of health education equal to the programs of other bureaus or divisions of the department. Her function is just as definite as that of the director of public health nursing, the director of maternal and child health, or the head of any other department. The health educator is in a position to develop interagency relations and general public relations for the department to a greater extent than any other member of the staff. She can do a very great deal to assist in the coordination of all the health work of the community in a manner to prevent duplication and accomplish an efficiency of the total program. My brief experience in this field leads me to believe that the health educator can be one of the most important members of the health officer's staff.

#### **ROSENBERG FOUNDATION CONTINUES HEALTH EDUCATION GRANTS**

The success of the health education programs in Richmond and Santa Barbara County has resulted in the continuation for another year of the grants made in 1946 for these activities by the Rosenberg Foundation.

Not only have these programs been highly successful in their own areas, but they have stimulated other local public health departments to start similar activities.

#### **MOSQUITO CONTROL SECTION ANNOUNCES TEN SPECIAL PROJECTS**

The Mosquito Control Section of the State Department of Public Health has announced a tentative list of 10 special projects to be undertaken during the current year.

The projects, as announced by Arve Dahl, chief of the section, are to be operational demonstration activities which will use basic research information and apply that information to California's mosquito control problems. The section will work closely with the established mosquito abatement districts in utilizing all resources to the greatest advantage.

The following is the complete tentative program, as outlined by Mr. Dahl:

##### **1. THERMAL GROUND AEROSOL STUDY**

This work will be undertaken in the Sutter-Yuba Mosquito Abatement District. It will be designed to evaluate the use of thermal ground aerosols for larval and adult mosquito control.

##### **2. SEWER FARM AND WINERY WASTE STUDIES**

Definite knowledge on the best emergency treatment, as well as continuous larvicidal treatment, for sewage and winery wastes will be sought. This project is to be carried out in the Fresno Mosquito Abatement District.

##### **3. CANAL CONTROL**

The control of mosquito breeding along canals and dead ends, borrow pits and ladino clover fields, will be studied in the East Side Mosquito Abatement District, Stanislaus County.

##### **4. CONTROL IN SLOUGHS AND ORCHARDS**

The use of weed-killers in sloughs, orchards, and inaccessible areas will be investigated.

##### **5. AIRPLANE THERMAL-GENERATORS**

The effectiveness and costs of the use of airplanes on general control activities in California will be evaluated in the Doctor Morris Mosquito Abatement District, Kern County.

##### **6. DRAINAGE TECHNIQUES**

The problem of drainage maintenance will be studied in the Redding Mosquito Abatement District.

##### **7. RICEFIELD STUDIES**

This project is one that could be made a portion of the work of the Public Health Service in California.

The investigation may be carried on in the Merced area. It is thought that comparable work should also be carried on in the Sacramento Valley.

##### **8. MOSQUITO COLLECTION**

Workers in the several areas will assist in the collection of live mosquitoes for a unit that would identify and freeze mosquitoes for shipment to the Virus Laboratory during the coming season.

##### **9. SPECIES DISTRIBUTION INFORMATION**

This information will be collected largely from records obtained in completing the other special projects and from the mosquito abatement districts.

##### **10. LOCAL ENTOMOLOGICAL SERVICES**

Special consultation services will be extended to the mosquito abatement districts.

#### **NEW TUBERCULOSIS CASE REGISTERS**

The Bureau of Tuberculosis reports that new tuberculosis case registers have been established in the following health departments:

Humboldt, Orange, San Luis Obispo, Santa Clara, and Sonoma Counties, and Los Angeles City.



## PARTICIPATION OF LOCAL FULL-TIME HEALTH DEPARTMENTS IN SCHOOL HEALTH PROGRAMS IN CALIFORNIA

### VI. DENTAL HEALTH PROGRAM\*

BERNICE MOSS, Ed.D., Consultant in School Health Education, State Department of Education

The widespread incidence of dental caries in children has been continuously and frequently recognized as a major problem with which schools, health departments, private dentists and families must cope. The availability of dental services, the appreciation of need for dental care, and the funds which families have to spend for such care are the important factors in determining the extent of dental corrections.

The organization of dental services for school children by schools and health departments has revolved around the employment of dental hygienists and dentists to conduct case-finding, reparative, prophylactic and educational services. The dental hygienist usually inspects the teeth, gives dental prophylaxis, assists the dentist in dental clinics, works with parents, and teaches dental hygiene to children. Dentists may also examine the teeth and conduct dental education programs, but usually they spend their time rendering dental prophylaxis and reparative services.

The Astoria School Health Study experimented with techniques of influencing parents and children to obtain private dental care, and reached the conclusion that the most important factor in so influencing them is "education in the values of dental service in order to secure earlier detection of caries and treatment."<sup>1</sup>

In two experiments, emphasis was placed on this aspect of dental care; in the first, the dental hygienist assumed the responsibility for instructing children and parents; in the second, the classroom teachers took over the task. In both experiments the private dentists gave most of the treatment services.

Both procedures brought comparable results, but it is evident that the dental hygienist who conducts such a program for an entire school would be sorely taxed for time, if she gave, in addition to her examinations, prophylactic treatments or assistance to the dentist in the clinic. Furthermore, it is now out of keeping with sound theory in health education to emphasize one program to the exclusion of other efforts to provide for the child's welfare. The child cannot be helped to assume responsibility for his health through campaigns carried out by specialists. Sound attitudes can be developed only through unified teaching and through one source of instruction—the teacher. The dental hygienist should work with the teacher, not the children.<sup>2</sup>

Walker and Randolph point out in their study that the high incidence of dental caries does not originate at the time of entrance to school, "but in the cumulative effect of gradual development of caries in the deciduous and early permanent teeth."<sup>3</sup> They go on to say

The treatment facilities which have been organized in the school or health department program have been unable to cope with a problem of this magnitude. From these findings it seems obvious that reparative service as a public health service must begin, for full effectiveness, as early as dental caries is evident and continue until the habit of dental care has become firmly fixed in the mind and life of the individual child.<sup>4</sup>

These studies indicate that improved dental health of children can be accomplished by (1) developing a sound dental health education program in the schools conducted by teachers, with assistance and advice from dental specialists, (2) developing dental services for children of pre-school age concurrently with programs of dental education for their parents, and (3) emphasizing the importance to all groups of regular examination and early reparative treatment by private dentists.

The survey of special dental services conducted by California health departments for children of school age indicates that less than a third of the health departments employ dental personnel. The employment of dentists, dental hygienists and nutritionists by health departments in California is summarized in Table 1. Part-time or full-time dentists are employed by health departments in eight counties and three cities, and dental hygienists in four counties. Four counties reported that they had employed dentists prior to the outbreak of the war and intended to reinstate their programs when dentists become available again. One county reported a similar situation concerning dental hygienists and one city reported their dental hygienist on leave.

An analysis of the activities of health department dentists is summarized in Table 2 and indicates that in six instances they give dental examinations, in 10 situations, reparative service; and in eight departments conduct prophylactic treatment, particularly for Vincent's angina. The groups to which these services are available are the needy or indigent groups in three sit-

\* Eighth and last in a series of excerpts from a doctoral thesis on file in Stanford University Library.

<sup>1</sup> Nyswander, *Solving School Health Problems*, op. cit. p. 220-221.

<sup>2</sup> *Ibid*, p. 221.

<sup>3</sup> Walker and Randolph, *School Health Services*, op. cit. p. 49.

<sup>4</sup> *Ibid*.

nations, with selected cases of elementary school children receiving services in most of the others. One county reported that they take care of "as many as possible." The dental trailer is used in three counties to extend the services particularly to the rural elementary school child. Six departments reported the services are conducted in the health department clinics and two departments reported the services rendered in the schools. In only two instances did dentists participate in programs of instruction for teachers, and in one case the preparation of dental materials for teachers was indicated.

The activities of dental hygienists are summarized in Table 2. These activities were listed as inspection of teeth of selected groups of children and regular programs of dental instruction to school children in all instances. One department reported that the dental hygienist assists the dentist in the clinic and in one instance she is listed as giving prophylaxis. Three departments reported the hygienist as advising teachers on dental health teaching, three as preparing materials for teachers, and three as doing follow-up work with parents.

Recommendations concerning dental health programs of public health departments for school children are:

1. That an evaluation of the functions of dental hygienists in school programs be made with a view of determining the most effective type of service they can render.
2. That emphasis be placed on the development of dental health education programs for all children to be conducted by teachers.
3. That the extension of reparative dental services to areas lacking private dental service, to low income groups and to preschool children be emphasized.

#### NUTRITION SERVICES

The public health nutritionist is employed by health departments to render consultant services to individuals and groups on nutritional problems. She is trained in the specialized fields of nutrition and public health, and may or may not have had professional education background. Her greatest contributions to school nutrition programs are rendered in an advisory capacity as a consultant on the school lunch, or in instructing teachers concerning the principles of nutrition. She is in a position to recommend sound teaching materials in nutrition, including pamphlets, charts, posters and films.

As can be seen from Table 1, only five local health departments in California employ nutritionists, although four additional departments listed nutrition consultation to schools as one of their services. Possibly these departments consider the advisory services of their nurses on nutrition problems as being of sufficient importance to merit inclusion as a special service. The services of these five nutritionists in schools are summarized in Table 2 and are seen to be decidedly limited. One department states that the nutritionist is willing to give assistance to school administrators on their school lunch programs, but has not been asked to do so. In another department the only contribution listed is instruction of teacher groups in principles of nutrition. A third department reports that the nutritionist consults and checks with all tuberculosis cases and contacts on their diets, and makes an occasional contribution by talking to school children about nutrition principles. The fourth department indicated that their nutritionist works closely with the parochial schools, teaching nutrition principles to teacher groups occasionally, giving assistance to the administrators on school lunch programs and working with children who have been screened out by nurses as needing individual help on nutrition problems. The fifth department reports advisory service on school lunch programs, preparation and distribution of nutrition materials to schools, and instruction of teacher groups on principles of nutrition.

Recommendations concerning further development of nutrition services of health department nutritionists to school programs are:

1. That school administrators be made cognizant of the availability of nutrition consultant services from the health department in planning and operating school lunch programs, and be encouraged to utilize these services.
2. That care be exercised in the promotion of nutrition education to avoid undue emphasis on this phase of health to the exclusion of other important health problems, and that nutrition education be integrated into a broad program of health education.

#### SUMMARY STATEMENT

The survey and analysis of the school health activities of local, city and county health departments in California indicates that greater service is rendered to schools in counties than in cities with three exceptions—Berkeley, San Jose and San Francisco. The extent of services varies widely from complete service to very limited participation. The relationships with schools likewise vary from mutually acceptable written contractual agreements involving financial participation of schools, to complete separation of functions and budgets and very limited contacts between public health

and school administrative staffs. The quality of services, as far as can be determined by the information obtained by the survey, varies markedly, with some of the health departments rendering service in accord with modern public health and educational philosophy and practice and with others sponsoring routine services with little seeming regard for their educational and long-range public health implications. There is no defi-

nite pattern or trend distinguishable as a result of the analysis made, but there are evidences of greater interest in school health to be found in many health departments, and a willingness on the part of some health officers to study their school programs and to revise and extend them in the direction of more adequate and significant coverage of the school populations under their jurisdictions. Such is the hope of the future.

TABLE 1

Employment of Dentists, Dental Hygienists and Nutritionists by City and County Health Departments in California, June 1945

## I. CITY HEALTH DEPARTMENTS

Health Department	Dentists	Dental hygienists	Nutritionists
Berkeley.....	--	--	--
Fresno.....	--	--	--
Long Beach.....	X	--	--
Los Angeles.....	--	--	X
Oakland.....	--	--	--
Palo Alto.....	X	--	--
Pasadena.....	--	--	--
Richmond.....	X	--	--
Sacramento.....	--	--	--
San Jose.....	--	X (on leave)	--
Santa Barbara.....	--	--	--

## II. COUNTY HEALTH DEPARTMENTS

Health Department	Dentists	Dental hygienists	Nutritionists
Alameda.....	X	X	--
Contra Costa.....	X	X	--
Imperial.....	--	X	X
Kern.....	X	X	X
Los Angeles.....	X	X	X
Madera.....	--	--	--
Marin.....	X	--	X (part-time)
Monterey.....	--	--	--
Orange.....	--	--	--
Riverside.....	--	--	--
Sacramento.....	--	--	--
San Bernardino.....	X	--	--
San Diego.....	X	X	--
San Francisco.....	X	X	--
San Joaquin.....	--	--	--
San Luis Obispo.....	--	--	X
Santa Barbara.....	X	--	--
Santa Clara.....	--	--	--
Santa Cruz.....	--	--	--
Solano-Vallejo.....	X	--	--
Sonoma.....	X	--	--
Stanislaus.....	X	--	--
Sutter.....	--	--	--
Tulare.....	X (on leave)	--	--
Ventura.....	--	--	--
Yolo.....	--	--	--
Yuba.....	--	--	--

TABLE 2

Summary of Activities of Dentists, Dental Hygienists and Nutritionists Employed by Health Departments in School Programs in California

I. Activities of dentists	
Dental examinations of school age.....	6
Reparative work on school children.....	10
Low income and indigent.....	3
Selected cases.....	1
Rural elementary.....	1
Elementary.....	1
Kindergarten-first grade, selected older children.....	1
"As many as possible".....	1
Dental prophylaxis.....	8
Dental work conducted in.....	
Schools.....	2
Health department clinics.....	6
Dental trailers.....	3
Teach dental hygiene to teachers.....	2
Prepare materials for teachers.....	1
II. Activities of dental hygienists	
Inspection of teeth of school children.....	
Elementary.....	2
Kindergarten, first, sixth grades.....	1
Elementary and junior high.....	1
Teach dental hygiene to school children.....	4
Advise teachers on dental health.....	3
Prepare materials for teachers.....	3
Follow-up with parents.....	3
Assists dentist.....	1
Gives dental prophylaxis.....	1
III. Activities of nutritionists	
Teach nutrition principles to teachers.....	3
Assist school administrators with school lunch programs.....	2
Preparation and distribution of nutrition materials to schools.....	1
Talks to children on nutrition.....	1
Working with individual children on dietary problems.....	2

### CAN TUBERCULOSIS BE "WIPE OUT" WITHIN A GENERATION?

The battle against tuberculosis is not, by any means, a new one, but until recently there were very few public health workers who were brave enough to voice the opinion that it could be "wiped out" as a cause of death in our country within a generation.

That view, however, is now being heard ever more frequently. The *Statistical Bulletin* for November, 1946, points out several factors which may make it possible for that dream to come true.

The first point mentioned is that the chances of becoming infected are now greatly diminished. There

are fewer active cases from which the infection may be spread, and people are generally living and working under more healthful conditions which render them better able to ward off the disease.

Secondly, the tools at our disposal to detect tuberculosis in its early stages have been greatly augmented and improved in recent years.

Furthermore, medical and nursing care for those cases which are discovered is better now than ever before.

The virtual stamping out of tuberculosis as a cause of death with our country, the article concludes, "waits upon the full utilization of existing knowledge and facilities for discovering and treating cases."



## STIPENDS OFFERED FOR TRAINING OF GRADUATE NURSES

Funds are now available from the State Department of Public Health for the granting of stipends to graduate nurses and to public health nurses for the study of pediatric nursing, obstetrical nursing, and the care of premature infants. In order to qualify for such a stipend a nurse must (1) be recommended for the stipend by the director of nursing under whom she is at present working; (2) agree to work in California in the field in which she receives the special preparation for two years following the completion of her period of study.

Information concerning institutions at which these advanced courses are available, the opening dates of terms, and the length of the courses will be found in the accompanying table.

The stipends granted provide a monthly allotment and cover tuition and travel expenses. Additional information regarding the stipends and application forms may be obtained from the Bureau of Public Health Nursing, 509 Phelan Building, 760 Market Street, San Francisco 2.

TABLE I. NURSING COURSES OFFERED ON STIPENDS—INSTITUTION  
ENROLLMENT DATE, AND LENGTH OF COURSE

Subject	Institution	Location	Enrollment date	Length of course
Pediatric Nursing	Children's Hospital	Cincinnati, Ohio	September, 1947	9½ months
	Boston University	Boston, Mass.	September, 1947	9½ months
	Teachers College, Columbia University	New York, N. Y.	February 3, 1947	4 months
Care of Premature Infants	The Johns Hopkins Hospital	Baltimore, Md.	March 13, 1947 and June, 1947	3 months
Obstetrical Nursing	University of Pennsylvania	Philadelphia, Pa.	September, 1947	8 months
	Teachers College, Columbia University	New York, N. Y.	February 3, 1947	4 months
	Maternity Center Association	New York, N. Y.	February, June and September, 1947	6 months

### DR. MASON RESUMES DUTIES AT ARROYO SANITORIUM

Dr. Clifford Mason, who "filled in" so admirably as health officer of Alameda County, during the war, has resumed his former duties at the Arroyo Sanatorium in Alameda County.

Although Dr. Mason's greatest interest has always been in tuberculosis work, he became the health officer of Alameda County in August of 1943 on an interim war emergency basis.

With the appointment of Dr. James Moreland to that position in November, Dr. Mason was able to return to his desired work.

### AUSTRALIA-BOUND AIR TRAVELERS NEED VACCINATION CERTIFICATES

Australia-bound air travelers attention!

Australian quarantine (air navigation) regulations require persons arriving in Australia by air to produce, at first landing, a certificate of vaccination issued within five years of arrival in Australia. If such a certificate is not presented, the visitor must submit to immediate vaccination in Australia.

These regulations, which were printed in the November 29, 1946, issue of Public Health Reports, further require that if the certificate has not been issued less than three years and more than 12 days before arrival

of the traveler "down under," the visitor shall be subject to the Quarantine Act and placed under surveillance. This entails a 14-day period of daily visits to a medical officer in one of the capital cities and necessarily restricts the movements of the visitor.

### MADERA COUNTY HEALTH DEPT. SENDS MESSAGE TO FOOD HANDLERS

As part of an all-out restaurant sanitation drive, Madera County's Health Department recently prepared a message for food handlers and restaurant owners which bore this message imprinted in red type on the face of the envelope.

"If you are a good businessman or a good business woman, you will find enclosed one of the most important letters ever written to you, personally. Read it carefully. If you are as wideawake as I think you are you will heed its warning. It will improve your business and increase your profits."

The statement was signed by Dr. Lee A. Stone, county health officer.

Included with the letter was a copy of county ordinances concerning restaurant sanitation and an interpretation of how they apply to individual food handlers. A reprint of a recent article on sanitation was also enclosed.

### BUREAU OF HEALTH EDUCATION RECEIVES THREE NEW PAMPHLETS

The following pamphlets are now available from the Bureau of Health Education, State Department of Public Health.

*Health and Physical Fitness for All American Children and Youth:* A 16-page illustrated pamphlet of the Educational Policies Commission and the American Association for Health, Physical Education, and Recreation. Discusses the complete school health program.

*Jealousy of the New Baby:* An eight-page child guidance leaflet of the New York City Committee on Mental Hygiene and the Department of Health of New York City. Explains how jealousy arises and how the problem can be met.

*Public Health, a Career With a Future:* A well-illustrated 29-page booklet published by the American Public Health Association. Explains the functions and duties of public health personnel and the opportunities available in each field.

### SANTA CLARA COUNTY PLANS TO OPERATE MOBILE WELL-BABY CLINICS

Plans for the operation of mobile well-baby clinics to provide service for children in rural areas are being prepared by the Santa Clara County Health Department.

The clinics will be held in a well-equipped medical trailer which has been made available by the Agricultural Workers Health and Medical Association through the State Department of Public Health.

Primary aim of this program is to provide the same medical and nursing service available in regular well-baby clinics to the children living in some 580 trailer and camp family units located in rural areas of Santa Clara County.

A study of data available in the county health department indicates that many deaths occur among infants and children from families living in these camp and trailer courts, and to a large extent these children do not come under health department supervision.

The proposed plan has been endorsed by the public health committee of the medical society and should do much to reduce the high incidence of diphtheria, diarrhea and other communicable diseases as well as the high infant mortality rate among this group of the population.

The health of the peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States.  
—Constitution of The World Health Organization.

### MORBIDITY REPORTS—SELECTED DISEASES CIVILIAN CASES

Total Cases for November and Total Cases for January Through November 1946, 1945, 1944 and 5-Year Median (1941-1945)

Selected diseases	Current month				Cumulative			
	November				January through November			
	1946	1945	1944	5-yr. median 1941-1945	1946	1945	1944	5-yr. median 1941-1945
Chickenpox	1,971	1,233	2,464	1,931	23,679	41,544	32,896	37,770
Coccidioid granuloma	2	6	1	—	37	36	29	—
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)	4	3	6	—	49	23	36	—
Diphtheria	99	154	149	149	1,097	1,162	1,100	1,060
Dysentery, bacillary	25	24	62	—	229	262	440	—
Encephalitis, infectious	6	12	3	—	146	275	74	—
Epilepsy	101	90	166	—	1,396	1,424	1,441	—
Food poisoning	23	1	49	—	410	445	592	—
German measles	120	201	325	—	11,954	10,969	14,552	—
Influenza, epidemic	42	75	97	97	5,277	725	11,051	—
Jaundice, infectious	13	14	28	—	171	222	307	—
Malaria	13	26	12	—	547	226	121	—
Measles	378	1,196	1,037	1,037	62,156	32,701	67,331	—
Meningitis, meningococic	30	35	54	35	501	620	936	—
Mumps	554	1,691	2,307	1,691	18,236	35,327	30,117	—
Pneumonia, infectious	111	129	335	222	2,102	3,014	3,936	—
Polymyositis, acute anterior	111	142	58	59	2,085	816	422	—
Rabies, animal	16	23	57	32	362	546	863	—
Rheumatic fever	57	55	39	—	648	696	504	—
Scarlet fever	549	1,013	1,182	758	6,553	12,748	9,348	—
Septic sore throat	43	—	—	—	120	—	1	—
Smallpox	—	—	—	0	8	4	20	—
Tuberculosis:								
Pulmonary	584	538	637	538	7,770	7,424	7,788	—
Other forms	32	37	81	36	478	546	492	—
Typhoid fever	5	12	14	12	142	128	245	—
Typhus fever	4	15	8	—	61	55	34	—
Undulant fever	11	19	29	22	268	241	296	—
Whooping cough	202	442	615	615	3,593	13,438	4,470	—
Veneral diseases:								
Chancroid	733	20	24	—	491	236	284	—
Gonococcus infection	2,367	2,119	2,059	1,468	11,170	25,527	18,573	—
Granuloma inguinale	3	4	1	—	38	42	21	—
Lymphogranuloma venereum	27	25	21	—	212	231	218	—
Syphilis	1,580	1,929	2,296	1,997	22,919	25,193	25,068	—

### X-RAY FILM INTERPRETATION PROBLEMS DISCUSSED BY PHYSICIANS

Meetings of physicians interested in the problems connected with interpretation of miniature X-ray films were held recently in San Francisco and Los Angeles.

Thirty physicians attended the northern meeting and over 40 were present at the southern gathering.

Both meetings were sponsored by the Bureau of Tuberculosis of this department and the California Trudeau Society. Discussion centered about follow-up procedures and recording and reporting methods. Diagnostic problems in tuberculosis and heart conditions were also discussed.

There was agreement among both groups that for statistical purposes, the cases discovered by small films could be classified according to the impression of the reader as minimal, moderately and far advanced.



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